

MALE GENITAL SYSTEM

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

I. PROCEDURE CODE RANGE

54000 - 55899

II. DESCRIPTION

The male genital system includes the male organs of reproduction.

III. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the male genital system are covered, subject to all applicable provisions of 32 CFR 199 and the provisions of the "Policy Considerations" section below.

IV. POLICY CONSIDERATIONS

A. Prostatectomy.

1. Perineal, suprapubic and retropubic prostatectomies (55801-55845) are covered procedures.

2. Transurethral ultrasound-guided, laser-induced prostatectomy (TULIP) is a covered procedure for the treatment of benign prostatic hypertrophy (BPH).

B. Vasectomy. A vasectomy (55250), unilateral or bilateral, performed as an independent procedure is a covered service. (See [Chapter 8, Section 22.1](#) for detailed policy concerning sterilization and birth control.)

C. Testicular Prosthesis. Insertion of an FDA approved testicular prosthesis is covered when performed following disease, trauma, injury, radical surgery, or for correction of a congenital anomaly, or for correction of sex gender confusion (that is, ambiguous genitalia) which has been documented to be present at birth.

D. Thermourethral Microwave Thermotherapy (TUMT). TUMT (53850) performed for the treatment of symptoms of benign prostatic hyperplasia (BPH) is a covered procedure.

E. Office Visit - Prostatic Massage. An office visit which includes a prostatic massage will be reimbursed as a "minimal exam, established patient" (90030).

F. Implantable Urethral Spincter. (See [Chapter 3, Section 9.1.](#))

G. Penile Implant.

1. Insertion of an FDA approved penile implant is covered when performed for organic impotence which has resulted from a disease process, trauma, radical surgery, or for correction of a congenital anomaly, or for correction of sex gender confusion (that is, ambiguous genitalia) which has been documented to be present at birth.

NOTE: Organic impotence is defined as that which can be reasonably expected to occur following certain diseases, surgical procedures, trauma, injury, or congenital malformation. Impotence does not become organic because of psychological or psychiatric reasons.

2. Following is a list of conditions which may result in organic impotence. This list is not all inclusive. Conditions not appearing on this list should be referred for medical review to determine appropriateness of treatment.

- a. Severe diabetes mellitus with neuropathy.
- b. Peripheral vascular disease in pelvic or extremities.
- c. Spinal cord injuries.
- d. Injuries to the genital, or lower urinary tract.
- e. Severe injuries to the bladder or pelvic nerves.
- f. Radical surgery of the genital or lower urinary tract, or rectum.
- g. Ambiguous genitalia or sex gender confusion documented to be present at birth.

3. Removal and reinsertion of covered penile implants and associated surgical fees may be cost-shared.

4. Treatment of organic impotency by hormone injection, intracavernosal injection, or external vacuum appliance may be cost-shared providing the drug or external appliance is FDA approved and, usage is considered generally accepted medical practice.

5. Treatment of organic impotency by aortoiliac reconstruction, endarterectomy, and arterial dilatations for proximal lesions may be cost-shared. However, treatment of organic impotency by arterial revascularization for distal lesions and venous leakage may not be cost-shared.

6. Diagnostic studies necessary to establish organic versus psychogenic impotence, such as lab work, a psychiatric evaluation, Doppler ultrasound, arteriography, cavernosography, cavernosometry, or electrophysiological testing may be cost-shared. (See

Chapter 1, Section 1.1, Section 19.2, and Section 26.2). However, nocturnal penile tumescent testing by plethysmography and other monitoring devices used in the home may not be covered.

H. Infertility testing and treatment, including correction of the physical cause of infertility may be cost-shared. Hypothalamic disease, pituitary disease, disorders of sperm transport, disorders of sperm motility or function, and/or sexual dysfunction may cause male infertility. Diagnostic Services may include semen analysis, hormone evaluation, chromosomal studies, immunologic studies, special and sperm function tests, and/or bacteriologic investigation. Therapy may include, but is not limited to, hormonal treatment, surgery, antibiotics, administration of HCG, and/or radiation therapy, depending upon the cause.

V. EXCLUSIONS

A. Penile Implant. Insertion of a penile implant and related services (54400-54409) for psychological impotence, transsexualism, or such other conditions as gender dysphoria.

B. Testicular Prosthesis. Insertion of a testicular prosthesis and related services (54660) when performed for transsexualism or such other conditions as gender dysphoria.

C. Therapy for sexual dysfunctions or inadequacies. (See Chapter 1, Section 1.1.)

D. Reversal of surgical sterilization procedures.

VI. EFFECTIVE DATE

A. February 1, 1988, for cost-sharing penile implants.

B. August 13, 1990, for cost-sharing testicular prosthesis.

C. March 11, 1996, for TULIP.

D. May 6, 1996, for TUMT.

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